

| COMBINED DECLARATION AND POWER OF ATTORNEY<br>IN ORIGINAL APPLICATION   |  | ATTORNEY DOCKET NO.<br>SPL-53      |
|---|--|------------------------------------|
| <p>As a below named inventor, I hereby declare that:<br/> my residence, post office address and citizenship are as stated below next to my name; that<br/> I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint<br/> inventor (if plural inventors are named below) of the invention entitled: _____</p> <p><u>IMPLANTABLE, PROGRAMMABLE MEDICATION INFUSION SYSTEM</u></p> <p>described and claimed in the attached specification, that I understand the content of the attached specification,<br/> that I do not know and do not believe the same was ever known or used in the United States of America be-<br/> fore my or our invention thereof, or patented or described in any printed publication in any country before<br/> my or our invention thereof or more than one year prior to this application, that the same was not in public<br/> use or on sale in the United States of America more than one year prior to this application, that the invention<br/> has not been patented or made the subject of an inventor's certificate issued before the date of this applica-<br/> tion in any country foreign to the United States of America on an application filed by me or my legal repre-<br/> sentatives or assigns more than twelve months prior to this application, that I acknowledge my duty to dis-<br/> close information of which I am aware which is material to the examination of this application, and that no<br/> application for patent or inventor's certificate on this invention has been filed in any country foreign to the<br/> United States of America prior to this application by me or my legal representatives or assigns, except as<br/> follows: _____ None _____</p> <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact<br/> all business in the Patent and Trademark Office connected therewith: _____<br/> <u>Robert E. Archibald, Reg. No. 20,934</u></p> <p>Address all telephone calls to <u>Robert E. Archibald</u> at telephone no. <u>(301) 953-7100 (X7604)</u><br/> Address all correspondence to <u>Robert E. Archibald, Applied Physics Lab., Johns Hopkins Road,</u><br/> I hereby declare that all statements made herein of my own knowledge are true and that all statements <u>Laurel, MI</u><br/> made on information and belief are believed to be true; and further that these statements were made with <u>20810</u><br/> the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or<br/> both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may<br/> jeopardize the validity of the application or any patent issued thereon.</p> |  |                                    |
| <b>FULL NAME OF SOLE OR FIRST INVENTOR</b><br><u>Robert E. Fischell</u>   | <b>INVENTOR'S SIGNATURE</b><br><u>Robert E. Fischell</u> | <b>DATE</b><br><u>25 Apr. 1979</u> |
| <b>RESIDENCE</b><br><u>1027 McCeney Avenue, Silver Spring, MD</u>   | <b>CITIZENSHIP</b><br><u>USA</u>                         |                                    |
| <b>POST OFFICE ADDRESS</b><br><u>Applied Physics Laboratory</u><br><u>Johns Hopkins Road, Laurel, MD 20810</u>  |  |                                    |
| <b>FULL NAME OF SECOND JOINT INVENTOR, IF ANY</b>   | <b>INVENTOR'S SIGNATURE</b>                              | <b>DATE</b>                        |
| <b>RESIDENCE</b>  | <b>CITIZENSHIP</b>                                       |                                    |
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| <b>FULL NAME OF THIRD JOINT INVENTOR, IF ANY</b>  | <b>INVENTOR'S SIGNATURE</b>                              | <b>DATE</b>                        |
| <b>RESIDENCE</b>  | <b>CITIZENSHIP</b>                                       |                                    |
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